

REQUIREMENTS FOR EXAM & LICENSE - MOTORCYCLE MECHANIC

Access this form via website at: www.state.hi.us/dcca/pvl

An applicant must meet the following requirements to be eligible for written exams. All claims of education and experience must be supported (copy of diploma; certificates from employers) at the time an application is submitted.

EXPERIENCE REQUIRED 1 year education* and 1 year experience,** or 2 years experience**

* EDUCATION - Vocational academic schooling with credit courses only. ATTACH COPY OF YOUR DIPLOMA OR OFFICIAL TRANSCRIPT (with school seal).

** EXPERIENCE - Apprenticeship or mechanic's helper only. ATTACH COMPLETED "EMPLOYMENT VERIFICATION" FORM(S) (Form MVR-02B).

INSTRUCTIONS AND INFORMATION ON FILING

APPLICATION

Complete the attached application form. Use a typewriter or print in black ink. Print legibly. Provide all the information that is asked for. Sign and date the application form.

Failure to provide all the requested information will delay the processing of your application.

SUPPORTING DOCUMENTS

Attach evidence (diploma, experience forms) of meeting educational and experience requirements printed above.

FEES

Attach fee of \$30 (\$10 application fee - not refundable, and \$20 exam fee). Additional fees will be assessed after passage of the examination.

Make check payable to: COMMERCE & CONSUMER AFFAIRS.

NOTE: A \$15.00 service fee will be charged for checks which are not honored by the bank.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

FILING DEADLINE

Submit a completed application, \$30 and supporting documents to the Board's office by the 50-day filing deadline. Incomplete and/or irregular applications will not be accepted.

Mailing address:
Motor Vehicle Repair Industry Board
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or Deliver to office location at:
1010 Richards Street, 1st Floor
Honolulu, HI 96813

Phone: (808) 586-3000

EXAMINATION INFORMATION

The examination will be held sometime in Spring and Fall of each year. If you have any questions regarding the exam, please contact:

Special Program & Community Service
Honolulu Community College
874 Dillingham Boulevard
Honolulu, HI 96817

Phone: (808) 845-9297

**EXAMINATION
INFORMATION (Cont.)**

Upon approval of your application, you will be mailed confirmation showing the time and place of your examination.

POSTPONEMENT OF EXAM: Once an application is received by the Board and the applicant is scheduled for an examination, only a written request for postponement will be considered. The request must be submitted prior to the date applicant is scheduled for exam and only one postponement will be allowed to the subsequent exam.

NO SHOW: Should an applicant fail to show up for an exam that applicant was scheduled for or if postponement request is denied, the exam fee is forfeited. Applicant will be required to apply for the exam again and pay another exam fee.

RESULTS: Test results will be mailed within 2-3 weeks after completing the exam. Keep the Board informed of your current address. All address changes must be submitted in writing. No changes will be accepted over the phone.

LAWS AND RULES

A copy of the laws, Chapter 437, HRS and rules, Chapter 87, HAR, relating to motor vehicle repair is available for \$1.25 from: *Cashier, DCCA, 1010 Richards St., 3rd Floor, P.O. Box 541, Honolulu, HI 96809.* Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. (Price subject to change without notice.) Request a copy of the MOTOR VEHICLE REPAIR LAWS & RULES.

The LAWS and RULES are posted on our website at: www.state.hi.us/dcca. Look under "Obtaining Information".

**LICENSE
RENEWAL**

Keep the Board informed of your current mailing address.

All licenses, regardless of issuance date, are subject to renewal by the license expiration date of June 30 each ODD-NUMBERED year. Completion of the renewal application and payment of fee are the existing renewal requirements. A renewal application form and instructions are sent a few months before the license expiration date. If you do not receive one, contact the board's office.

**ABANDONMENT
OF APPLICATION**

You must submit all required documents and information within two years from the last date documents or information were requested or it will be considered abandoned and the Board may destroy it.

APPLICATION FOR EXAM & LICENSE - MOTORCYCLE MECHANICS

READ INSTRUCTIONS & REQUIREMENTS ON THE ATTACHED SHEET.

Name (First-Middle)		(LAST)
Residence Address (include apt. no., city, state & zip code)		
Mailing Address (ONLY if different from residence)		Phone No. (days)
Social Security No.		Circle island for exam: Oahu Hilo Kona Maui Kauai

NEW	Lic. No. MC -	ADD'L CLASS	Lic. No.
	Eff. Date		
FOR BOARD USE ONLY			

	EDUCATION	Name & Address of SCHOOL & Name of INSTRUCTOR	Major Course of Study	Program Completed?	No. of Credits	Dates (mo/yr)	
						From	To
If none, write "none" If more space is needed, use a separate sheet.	EDUCATION						
	EXPERIENCE	Name & Address of EMPLOYER & Name of SUPERVISOR	Description of Work		Hrs. a Week	Dates (mo/yr)	
						From	To

I, the above-named applicant, hereby certify that the answers and statements on this application are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, HRS).

Date

Signature of Applicant

EMPLOYMENT VERIFICATION - MOTORCYCLE MECHANIC

Access this form via website at: www.state.hi.us/dcca/pvl

PART I. TO BE COMPLETED BY APPLICANT

- INSTRUCTIONS:**
1. Complete Part I only.
 2. Have Registered Mechanic ("MR") or licensed Motorcycle Mechanic complete Part II.
 3. Use one form per employer.
 4. Attach completed form to application before submitting to board.

Date of Exam Applying For
(Month/Year):

Date

Name (First-Middle-LAST)

PART II. TO BE COMPLETED BY SUPERVISING MECHANIC

The above-named person is applying for the motorcycle mechanic's certification exam. Please certify as to your personal knowledge of the applicant's apprenticeship or mechanic's helper experience. The completed form must be returned to the applicant so it can be attached to the application. Please type or print LEGIBLY.

Employment Date

Termination Date

Length of Employment

Average Hours Per Week

yrs.

mos.

Describe in detail the type and nature of work the applicant did as an apprentice or a mechanic's helper. If more space is needed, please use the back of this form.

Firm/Company Name & Address

I certify that the answers and statements on this verification are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of applicant's license and is a misdemeanor (Section 710-1017, Hawaii Revised Statutes).

Signature:

Lic. No.

Phone:

Lic. No.

Date:

RD-

Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

INSTRUCTIONS TO APPLICANT: *Complete all information in the LEFT BLOCK. This slip will be used to admit you to the written exam. Information about date, time etc., will be sent later.*

Social Security No.	Phone: day _____ night _____
Name (First-Middle-LAST)	
COMPLETE Mailing Address	

FOR BOARD USE ONLY
MOTORCYCLE MECHANICS
EXAM DATE: _____